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## FACSIMILE TRANSMISSION

DATE: March 13, 2007

MATTER NUMBER: 09952 10306967

RECIPIENT(S):	FAX NO.:	PHONE NO.:
Gay Ann Spahn USPTO	571.273.8300	571.272.7731

3/13/07 P5:55 REC'd

25755261.1

FROM: Michael S. McCoy

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RE: Applicant Initiated Interview Request

NUMBER OF PAGES INCLUDING COVER PAGE: 2 Originals Will Not Follow

MESSAGE:

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PTOL-413A (09-06)  
Approved for use through 03/31/2007. OMB 0851-0031  
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## Applicant Initiated Interview Request Form

Application No.: 10/629,100-Conf. #6359 First Named Applicant: Mark Dimitrijevic  
Examiner: Gay Ann Spahn Art Unit: 3673 Status of Application: Published

## Tentative Participants:

(1) Michael S. McCoy (2) John Mings  
(3) \_\_\_\_\_ (4) \_\_\_\_\_Proposed Date of Interview: March 23, 2007 Proposed Time: 11:00 (AM)

## Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

## Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejections</u>	<u>1-3</u>	<u>Xu (US 2002/0168232 A1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rejections</u>	<u>6-9</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

## Brief Description of Arguments to be Presented:

An interview was conducted on the above-identified application on \_\_\_\_\_

## NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview  
(see MPEP §713.01).This application will not be delayed from issue because of applicant's failure to submit a written record of this  
interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b))  
as soon as possible.

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Michael S. McCoy

Typed/Printed Name of Applicant or Representative

46,913

Registration Number, if applicable